

SmokeFree GLBT
A program led by The Gay, Lesbian, Bisexual, &
Transgender Community Center of Colorado (The Center)



You are invited to participate in a study regarding behaviors, attitudes and beliefs of the gay, lesbian, bisexual & transgender (GLBT) communities in Colorado regarding tobacco use. The study is being conducted by the SmokeFree GLBT task force, including the following Colorado-based organizations:

Gay, Lesbian, Bisexual & Transgender Community Center of Colorado (The Center)
Rainbow Alley, The Center's GLBTQ Youth Space
El Futuro
Brothas4Ever
Pikes Peak Gay and Lesbian Community Center
Lambda Community Center
Boulder Pride
Western Equality

The survey is completely **anonymous** and will not have your name attached to it. It is not necessary to write your name anywhere on the survey.

The purpose of this study is to better understand some of the behaviors and attitudes of GLBT individuals who use tobacco products. This survey is intended for **gay, lesbian, bisexual and transgender youth and adults who have smoked more than 100 cigarettes (5 packs) in their lives and who are currently still smoking**. If you do not fall into this category, we appreciate your interest and support for the survey, but would ask that you not complete the survey.

The survey will take about 10 minutes of your time to complete.

Please complete the survey to the best of your ability. Some questions are personal and discomfort may arise in answering them. You are not obligated to answer questions you wish not to and you can withdraw from this survey at any time with no penalty.

Contacts:

Should you have any questions about this study you can contact The Center at 303-733-7743 ext.117.

Thank you for your participation!

Please Note: Do not complete this survey if you have taken this survey before, whether it be on paper or through an on-line service.

Definition of terms: In this survey, “GLBT” will be used to abbreviate the words “gay, lesbian, bisexual and transgender”.

The following questions will help us to understand your smoking history and behaviors.

1.) Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No
- Don't know/not sure

IF YOU HAVE **NOT** SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFETIME,
PLEASE DO NOT COMPLETE THIS SURVEY.

IF YOU **HAVE** SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFETIME,
PLEASE CONTINUE.

2.) Do you now smoke cigarettes every day, some days or not at all?

- Every day
- Some days
- Not at all

IF YOU DO **NOT** SMOKE CIGARETTES, PLEASE DO NOT COMPLETE THIS SURVEY.
IF YOU **DO** SMOKE CIGARETTES EVERY DAY OR SOME DAYS, PLEASE CONTINUE.

3.) How old were you when you first began to smoke cigarettes regularly?

- I have never smoked cigarettes regularly.
- ___ years old (write the age when you began smoking regularly)

4.) Did you smoke any cigarettes in the past 30 days?

- Yes
- No
- Don't know/not sure

5.) On days that you smoke, about how many cigarettes a day do you usually smoke?
_____ (write the average number of cigarettes per day)

6.) When you are smoking cigarettes, are you usually with other people or by yourself?

- I'm usually with other people when I smoke.
- I'm usually by myself when I smoke.
- I'm equally with people or by myself when I smoke.

7.) If you have a significant other, does this person smoke cigarettes?

- I do not have a significant other.
- Yes
- No
- Don't know/not sure

- 8.) Besides you, does any other person in your household smoke cigarettes?
- I'm the only person in my household
 - Yes
 - No
 - Don't know/not sure
- 9.) Which statement best describes the rules about smoking tobacco inside your home?
- Smoking is not allowed anywhere inside my home or on my property including porches, decks, yards, balconies, etc.
 - Smoking is not allowed inside my home, *but is* allowed on my property in outdoor spaces such as porches, decks, yards, balconies, etc.
 - Smoking is allowed in some places inside my home.
 - Smoking is allowed sometimes or for some people inside my home.
 - Smoking is allowed everywhere inside my home.

The following questions will help us to assess your desires and motivations to use or stop using tobacco.

- 10.) What best describes your intentions regarding quitting? Would you say you . . .
- Never expect to quit
 - Might quit in the future, but not in the next 6 months
 - Will quit in the next 6 months
 - Will quit in the next month
- 11.) What is the **number one** reason why you want to quit smoking? (please only select one answer)
- To improve my health
 - To please someone whose opinion matters to me
 - To look or feel more attractive
 - To feel better about myself
 - To prove I can do it
 - To reduce my risk of disease
 - To stop spending money on cigarettes
 - To protect the health of a child or pet
 - I do not want to quit smoking
 - A reason not listed here: _____ (please describe the reason)
- 12.) The next time you decide to quit smoking, what method do you think you'll use? (Mark every method you're seriously considering using.)
- Stop "cold turkey" without any medicine or formal help
 - Attend a class or program
 - Call the Colorado QuitLine (telephone coaching service)
 - Visit the Colorado QuitNet (internet coaching service)
 - Use nicotine gum
 - Use nicotine patch
 - Use another nicotine substitute (not patch or gum)
 - Use Zyban® (or bupropion or Wellbutrin®)
 - I never intend to quit.
 - Do something else (write what you would do):
-

- 13.) During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes
 - No

If you answered "yes" to question 13 above, complete questions 14 – 17 below. If you answered no, skip questions 14 -17 and continue to question 18 on the next page.

- 14.) People have various reasons for trying to quit smoking. In your most recent attempt to quit smoking, how important was each of the following reasons to you?

	Very Important	Somewhat important	Not very important
a) To improve my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) To please someone who matters to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) To look or feel more attractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) To feel better about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) To prove I can do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) To reduce my risk of disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) To stop spending money on cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) To protect the health of a child or pet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 15.) In your most recent attempt to quit smoking, how long did you stay off cigarettes?
- Less than a day
 - 1 to 2 days
 - 3 to 7 days
 - More than 7 days but less than 1 month
 - 1 month or more but less than 6 months
 - 6 months or more but less than a year
 - 12 months or longer

- 16.) In your most recent attempt to quit smoking, which of the following methods did you use to help you? (Mark every method you used.):

- Stopped "cold turkey" without any medicine or formal help
- Attended a class or program
- Called the Colorado QuitLine
- Visited the Colorado QuitNet
- Used nicotine gum
- Used nicotine patch
- Used another nicotine substitute (not patch or gum)
- Used Zyban® (or bupropion or Wellbutrin®)
- Used a different prescription medicine
- Did something else (write what you did): _____

- 17.) If you used the patch, nicotine gum or other nicotine substitute to quit smoking, which reason best describes why you stopped using it?

- I have not stopped using it, I'm still using a nicotine substitute.
- I didn't use the patch, gum or other nicotine substitute.
- I stopped using it because I quit smoking.
- I didn't like its effects or how it made me feel.
- It wasn't helping me quit smoking.
- I did not want to get addicted to it.
- I did not want to continue paying for it.
- I started smoking again.

- 18.) Have you ever used nicotine patches, nicotine gum, or other nicotine substitute to help you try to quit smoking?
- Yes
 - No
 - Don't know/not sure

19.) Here are some ideas about nicotine substitute products. How much do you agree or disagree with each idea?

	Agree a lot!	Agree a little	Disagree a little	Disagree a lot!
a) Nicotine patches, gum and other nicotine substitutes are as addictive as cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) A person can get cancer from nicotine patches as easily as they can from smoking cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Nicotine patches can cause heart attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Nicotine substitutes help most people who are trying to quit smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) If I wanted to use nicotine patches to help me quit, I could get them for free or for very little cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions will help us understand how you feel about certain methods and tools to quit.

- 20.) Some methods increase the chance of success in quitting smoking. If these methods were **free**, which one would you choose?
- Nicotine patch, gum or other nicotine substitute
 - A prescription drug for smoking cessation like Zyban® (bupropion, Wellbutrin®) or Chantix
 - Expert coaching over the telephone
 - Expert coaching on the internet
 - A class or group with other smokers trying to quit
 - Even for free, I wouldn't use any of these methods to quit smoking.
 - Something not listed here: _____ (please describe this type of help)

- 21.) Where would you be most likely to go for assistance to quit smoking?
- Doctor or health care provider
 - Family
 - Friends
 - A GLBT organization
 - Colorado QuitLine (telephone coaching service)
 - Colorado QuitNet (internet coaching service)
 - Online support from other smokers trying to quit
 - In-person support from other smokers trying to quit
 - In-person individual assistance
 - Smoking cessation class or program
 - I don't know where to go
 - I would not go anywhere for assistance to quit smoking.
 - A place not listed: _____ (please describe the place)

- 22.) If you want to quit smoking in a group with other smokers, which would you prefer?
- ▶ Sessions that are especially designed for GLBT people
 - ▶ Sessions that include GLBT people (but not especially designed for GLBT people)
 - ▶ Any group service that I know would be effective
 - ▶ I would not participate in a group with other smokers

23.) Smoking cessation groups can offer several kinds of assistance. How important to you is each of the following kinds of assistance?	Very important	Somewhat important	Not very important
a) Expert guidance or information for quitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Access to cessation medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Sympathy and encouragement from other smokers in the group who know what I'm going through	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Sympathy and encouragement from other GLBT people in the group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Expert help with thoughts or feelings that make me want to smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Finding new friends who really understand me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) The assistance is completed in one or two visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Other (please describe below in item 24.):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24.) Please describe "other" from question 23 if applicable.

- 25.) If there is a place you usually go for advice about your health, what kind of place is it?
- ▶ There is no place I usually go for advice about my health.
 - ▶ A clinic or health center
 - ▶ A doctor's office or HMO
 - ▶ A hospital emergency room
 - ▶ A hospital outpatient department
 - ▶ An alternative therapy provider
 - ▶ Books or the internet
 - ▶ Family members or friends
 - ▶ Some other place _____ (please describe the place)

26.) How long ago was your last routine visit with your doctor?
 _____ (write your answer)

- ▶ I don't have a doctor.
- ▶ I never visit my doctor.
- ▶ Don't know /not sure

27.) How comfortable are you with asking your doctor for help with quitting smoking?

Very comfortable

Somewhat comfortable

Somewhat uncomfortable

Very uncomfortable

I don't have a doctor

28.) Have you heard of the Colorado QuitLine?

- Yes
- No
- Don't know / not sure

29.) The QuitLine is a free telephone service to help people quit smoking (1-800-QUITNOW). The next time you try to quit smoking, how likely are you to seek assistance from the QuitLine?

- | | | | | |
|--------------------|------------------------|--------------------------|----------------------|------------------------------|
| Very
likely
 | Somewhat
likely
 | Somewhat
unlikely
 | Very
unlikely
 | Don't know /
not sure
 |
|--------------------|------------------------|--------------------------|----------------------|------------------------------|

30.) Imagine you are thinking about calling the Colorado QuitLine for help with quitting smoking. How would each of the next items affect your thinking about whether to call?

	Make me more likely to call 	Not affect my decision either way 	Make me less likely to call 	Don't know / not sure
a) The service is confidential				
b) You schedule a time and date for each session				
c) Your helper calls you for each session				
d) The sessions focus only on quitting smoking				
e) You might not talk to the same helper each session				
f) Sexual orientation and gender identity are not part of the discussion				
g) The service is not set up to provide a GLBT-identified helper for help to quit				
h) The service is proven to increase the chance of successful quitting				
i) The service offers expert advice on quitting				
j) The service is available in English or Spanish				
k) The service provides free nicotine patches to people who participate in the telephone sessions				

31.) Have you heard of the Colorado QuitNet?

- ▶ Yes
- ▶ No
- ▶ Don't know / not sure

32.) The Colorado QuitNet is a free internet service to help people quit smoking (co.quitnet.com). The next time you try to quit smoking, how likely are you to seek assistance from the QuitNet?

Very likely
☞

Somewhat likely
☞

Somewhat unlikely
☞

Very unlikely
☞

Don't know / not sure
☞

33.) Imagine you are thinking about visiting the QuitNet for help in quitting smoking. How would each of the next items affect your thinking about whether to visit the internet site?

	Make me more likely to call	Not affect my decision either way	Make me less likely to call	Don't know / not sure
a) The service is confidential	☞	☞	☞	☞
b) You can visit the site any time (24 hours / 7 days)	☞	☞	☞	☞
c) The site offers expert advice on quitting	☞	☞	☞	☞
d) You can get support from other QuitNet users	☞	☞	☞	☞
e) You can start or join a QuitNet user club and chat	☞	☞	☞	☞
f) You can start or join a GLBT specific user club or chat.	☞	☞	☞	☞
g) The service is proven to increase the chance of successful quitting	☞	☞	☞	☞
h) The service can send you information about smoking and quitting	☞	☞	☞	☞
i) The service is available in English or Spanish	☞	☞	☞	☞

34.) Imagine that you could have whatever you feel you need to successfully quit smoking. Please describe what you feel you need.

- 35.) Now that you've considered some of the options for smoking cessation, what methods do you think you'll use the next time you decide to quit smoking? (Mark every method you're seriously considering using)
- Stop "cold turkey" without any medicine or formal help
 - Attend a class or program
 - Call the Colorado QuitLine (telephone coaching service)
 - Visit the Colorado QuitNet (internet coaching service)
 - Use nicotine gum
 - Use nicotine patch
 - Use another nicotine substitute (not patch or gum)
 - Use Zyban® (or bupropion or Wellbutrin®)
 - I never intend to quit.
 - Do something else (write what you would do): _____

The following questions will help us to understand possible reasons and motivations to use tobacco.

- 36.) Here are a few ways smoking might affect a person. Circle the number that shows how true each one is for you. For example, if you never smoke without thinking about it, you might circle "1", like this:

EXAMPLE	not true of me at all!							very true of me!
I often smoke without thinking about it.	1	2	3	4	5	6	7	

	Not true of me at all!							Very true of me!
a.) Smoking a cigarette improves my mood.	1	2	3	4	5	6	7	
b.) Very few things give me pleasure each day like cigarettes.	1	2	3	4	5	6	7	
c.) Smoking makes me feel better in seconds.	1	2	3	4	5	6	7	
d.) Few things would be able to replace smoking in my life.	1	2	3	4	5	6	7	
e.) I'm around smokers much of the time.	1	2	3	4	5	6	7	
f.) Smoking helps me deal with stress.	1	2	3	4	5	6	7	
g.) Most of the people I spend time with are smokers.	1	2	3	4	5	6	7	
h.) I usually feel much better after a cigarette.	1	2	3	4	5	6	7	
i.) Smoking is the fastest way to reward myself.	1	2	3	4	5	6	7	
j.) I would continue smoking, even if it meant I could spend less time on my hobbies and other interests.	1	2	3	4	5	6	7	
k.) A lot of my friends and/or family smoke.	1	2	3	4	5	6	7	
l.) Cigarettes are about the only things that can give me a lift when I need it.	1	2	3	4	5	6	7	
m.) It would take a pretty serious medical problem to make me quit smoking.	1	2	3	4	5	6	7	
n.) Most of my friends and people I know smoke.	1	2	3	4	5	6	7	
o.) Smoking really helps me feel better if I've been feeling down.	1	2	3	4	5	6	7	
p.) I reach for cigarettes when I feel irritable.	1	2	3	4	5	6	7	
q.) Smoking is the easiest way to give myself a lift.	1	2	3	4	5	6	7	
r.) I smoke the most after I eat.	1	2	3	4	5	6	7	

The following questions will help us to understand where you receive information related to health and the GLBT communities.

37.)	In the last 12 months, about how often have you done each of the following things?	Frequently	Occasion-ally	Rarely	Never
	a) Visited GLBT chat rooms, web sites or list serves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b) Read GLBT newspapers or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c) Gone to GLBT bars or clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d) Gone to GLBT bathhouses or sex clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e) Attended events sponsored by a GLBT organization of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38.)	How often do you get important health information from each of the following sources?	Frequently	Occasion-ally	Rarely	Never
	a) General interest magazines and newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b) Health magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c) Doctors, hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d) Health product stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e) Newspapers and magazines targeted to the GLBT communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	f) GLBT events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g) Information posted in bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h) Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	i) Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	j) Friends or partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	k) Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	l) A community center or church	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	m) Buses or other public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39.)	Please mark how you feel about each statement.	Agree a lot!	Agree a little	Disagree a little	Disagree a lot!
	a) Smoking is a bigger health problem for GLBT people than for other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b) Sometimes I dislike myself for having my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c) I wish I were heterosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d) I am glad to be (gay, lesbian, bisexual, queer, transgender).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e) I am proud to be part of the GLBT community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below are a few demographic questions.

40.) What county do you live in? _____

41.) Which term do you use to identify your sexual orientation?
 Gay Lesbian Queer Bisexual
 Straight/ Heterosexual Other: _____

42.) Which term best describes your gender?
 Male Female Transgender male to female Transgender female to male
 Intersex Other: _____

- 43.) What gender do you primarily have sex with?
 Men only Women only Mostly men
 Mostly women Men and women about equally
- 44.) Do you have health insurance?
 Yes
 No
 Don't know/ not sure
- 45.) Which one of the following categories best describes you?
 Hispanic or Latino
 White or Caucasian
 Black or African American
 Asian American or Pacific Islander
 American Indian or Alaska Native
 Other (please specify): _____
- 46.) What is your age?
 17 or younger 18-24 25-34
 35-44 45-54 55 – 64 65 or older
- 47.) What is the highest grade or year of school or college that you completed?
 8th grade or less 9th-11th grade High school graduation
 Some college College grad or more
- 48.) Have you completed a program at a trade or vocational school?
 Yes
 No
- 49.) What is your work situation?
 Employed for wages Homemaker Self-employed
 Student Retired Unemployed Unable to work
- 50.) How is your general health?
 Excellent Very good Good Fair Poor
- 51.) Think about your **physical** health, which includes physical illness and injury. During the past 30 days, how many days was your **physical** health **not** good? _____
- 52.) **Mental** health includes things like stress or depression. During the past 30 days, how many days was your **mental** health **not** good? _____
- 53.) A household includes all of the people who share a living quarters and have close personal relationships with each other. During the past 12 months, how much total income did the combined members of your household have? (*Include wages, social security, public assistance, unemployment, worker's compensation, pension*)
 0 to \$15,000 \$15,000 to \$25,000 \$25,000 to \$35,000
 \$35,000 to \$50,000 More than \$50,000